MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	CLAIM	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1						51						
2		l					52						
3		l					53						
4		l					54						
5		l					55						
6		l					56						
7		l					57						
8		l					58						
9		l					59						
10		l					60						
11		l					61						
12		l					62						
13		l					63						
14		l					64						
15		l					65						
16		l					66						
17		l					67						
18		l					68						
19		l					69						
20		l					70						
21		l					71						
22		l					72						
23		l					73						
24		l					74						
25		l					75						
26		l					76						
27	1						77						
28		l					78						
29	1	l					79						
30	1						80						
31		l					81						
32	1						82						
33		l					83						
34		l					84						
35		l					85						
36		l					86						
37	1						87						
38		l					88						
39		l					89						
40		l					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	40						TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS